



**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.
See The American Inventors Protection Act of 1999 (AIPA).

<i>Application Number</i>	10/086598
<i>Filing Date</i>	February 28, 2002
<i>First Named Inventor</i>	Dale Langer
<i>Group Art Unit</i>	2632
<i>Examiner Name</i>	Brent Swarthout
<i>Attorney Docket Number</i>	1528.025US1
<i>Customer No.</i>	21186

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application entitled COCKPIT DISPLAY SYSTEMS AND METHODS OF PRESENTING DATA ON COCKPIT DISPLAYS.

~~Submission required under 37 C.F.R. § 1.114~~

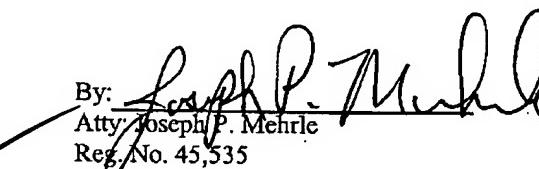
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- Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on .
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on .
- An Amendment With Request for Continued Examination (6 pages) is enclosed.
- A new power of attorney (pages) is enclosed.
- An Information Disclosure Statement is enclosed (2 pages).
a. Form(s) 1449
b. Copies of IDS Citations
- A check in the amount of \$770.00 is attached to pay the RCE filing fee required under C.F.R. § 1.17(e).
- The Commissioner is hereby authorized to credit overpayments or charge any fees set forth in 37 CFR §§ 1.16 through 1.18 to Deposit Account No. 19-0743.
- A Petition for Extension of Time in the prior application (pages) is enclosed along with a check in the amount of to pay the extension fee.

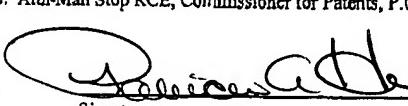
SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

By: 
Atty: Joseph P. Mehrle
Reg. No. 45,535

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Attn-Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 12th day of January, 2004.

PATRICIA A. HULTMAN

Name _____

Signature 

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